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Don't Let Your Baby Blues Go Code Red

By [JANE E. BRODY](#)

When a celebrity writes about experiencing a health problem, especially an emotional disorder that severely disrupts feelings of self-confidence and competence, it is bound to receive considerable public attention.

And so, I hope that Brooke Shields's new book "Down Came the Rain" (Hyperion, \$23.95) about her recent battle with a serious postpartum depression will call attention to this common but underdiagnosed and undertreated problem.

Ten to 20 percent of women experience a serious depression within weeks or months of giving birth, but fewer than one woman in five is treated for it. Yet failure to get needed help can prolong the misery, resulting in a battle with depression that can last a year or more and create havoc in a household.

Ms. Shields, too, let far too many weeks pass - weeks that found her hiding in her bed, barely able to care for herself or the child she struggled for years to bear - before she finally sought professional help.

Here's her message to women who find themselves surprised and overwhelmed by a postpartum mood disorder:

"Do not waste time! Get help right away. Postpartum depression is extremely treatable, and there are many ways to cope with and get through it. And remember: postpartum depression is beyond your control. Having it does not mean you are not a good mother or that you are crazy. The most important thing is that you don't wait for it to pass."

This is a very important message, because the consequences of not treating postpartum depression can be quite devastating for the mother, for her spouse or companion and especially for her baby.

Symptoms and Risks

The so-called baby blues experienced in the days after childbirth are very common. About 70 percent of women are likely to experience mood swings or feel weepy and emotional about the slightest untoward event or remark.

These feelings, which mimic the symptoms many women experience just before their menstrual periods, are most likely brought on by the abrupt decline that occurs at childbirth in the hormones estrogen and progesterone. These baby blues pass on their own, usually within two weeks and do not require treatment.

But for some 400,000 American women each year (representing about 10 percent of births), a more severe mood disorder results. They may feel sad, hopeless, overwhelmed, unable to cope, irritable and afraid of harming themselves, their partners or their babies.

Crying, uncontrollable mood swings, a fear of being alone, a lack of interest in the baby, loss of energy and motivation, withdrawal or isolation from friends and family, and an inability to make decisions or think clearly are also common symptoms.

Physical symptoms may occur as well, including extreme fatigue, sleep disturbances, loss of appetite, headaches, chest pains, palpitations and rapid breathing.

Ms. Shields experienced most of these, yet resisted for too long the urging of friends and family to seek the help she clearly needed.

All the while, she felt unattached to her daughter and feared harming herself as well as her marriage and the emotional development of her baby.

The most severe form of the disorder, postpartum psychosis, occurs after 1 or 2 of every 1,000 births, usually within six weeks of delivery. Symptoms may include delusions, hallucinations, sleep disturbances and obsessive thoughts about the baby. Untreated, the result can sometimes be suicide or murder of the baby, the spouse or other children in the family.

Some women are more likely than others to be afflicted with postpartum depression, and researchers are now trying to better identify them and devise therapies to use before childbirth or immediately after it.

Known risk factors include a personal or family history of depression or substance abuse (Ms. Shields has a family history of alcoholism); lack of support from family and friends; problems with a previous pregnancy or birth (Ms. Shields went through numerous in vitro attempts and a miscarriage); depression after a prior pregnancy; marital or financial problems; being a young or single mother; complications during labor and delivery (Ms. Shields required an emergency Caesarean delivery); a major life change at the time of the birth; and having a baby with serious health problems.

Treatment Options

Treatment possibilities include individual or group psychotherapy; medication with antidepressants, hormones or both; and various things a woman can do for herself.

Psychotherapy usually is short, perhaps 6 to 12 sessions, and is especially helpful if symptoms are severe, as they were for Ms. Shields.

Many cases of postpartum depression are treated with the newer antidepressants called S.S.R.I.'s, selective serotonin reuptake inhibitors. Though such drugs are excreted in breast milk, they are considered generally safe, but the effects are not well studied.

Neglecting to treat postpartum depression can definitely cause lasting damage, including poor mother-infant bonding and later cognitive and behavioral problems in children.

Studies under way are testing the effectiveness of estrogen therapy in preventing and treating postpartum depression. One study showed that women with postpartum depression who used an estrogen patch every day were less depressed than those who did not. But there can be side effects, since estrogen can decrease milk production in nursing women and may raise the risk of blood clots.

Women can also help themselves by turning to family and friends, getting as much rest as they can, eating wholesome foods, getting exercise, making time for themselves, talking to others about how they feel and discarding notions of perfection.

In addition to seeing a therapist and taking an antidepressant, Ms. Shields finally hired a nurse for a week to get the baby on a schedule, relieving Ms. Shields of some of the responsibilities of child care and providing reassurance and information that helped her cope much better on her own.

Friends and family can do much the same by giving the new mother a chance to get out of the house, caring for the baby during the night, preparing nutritious meals, running errands, paying bills, cleaning house, caring for older children and even making appointments with doctors or mental health professionals.

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